

Participant's Name: <u>Tracey Akers</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>GP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contacts	
<b>Program:</b> End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
	April 27, 2021
Participant's Signature	Date
So Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Nicola Al Kha	<u>itib</u>
LE Hours / PGP's Earned: 1 Ho	ur / 1 PGP
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sch	nool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	of Education
Participant's Signature	<u>April 27, 2021</u> Date
S-Belle	April 27, 2021
Authorized Representative	Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>sue amstutz</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGF	<u>)</u>
The Indiana Department of Education is an approvaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	1
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>karen anderson</u>	<u>.                                    </u>
LE Hours / PGP's Earned: 1 Hour	<u> </u>
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for Scho	ool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jennifer Bart</u>	tos
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for So	chool Nurses
LE Provider Number: 35-6000158	3
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Sarah Bauer</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>GP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contacts	
<b>Program:</b> End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
Destining of Circumstance	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Michelle Be</u>	eeman
LE Hours / PGP's Earned: 1 1	Hour / 1 DCD
LE Hours/TGF's Earned1	Hour / 1 For
accordance with 839 IAC I-6-2 (e)(8	
Total contact hours earned for CE	CU's: 1 contact hours
<b>Program:</b> End of Year Update for S	School Nurses
LE Provider Number: 35-600015	58
Date(s) of Program: April 27, 202	<u>1</u>
Sponsor: Indiana Departmen	nt of Education
	April 27, 2021
Participant's Signature	Date
S-Belle	April 27, 2021
Authorized Representative	Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Lea Bergman</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sch	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Holly Bland	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	<u>April 27, 2021</u> Date
Participant's Signature	Date
S- Belle	<u>April 27, 2021</u>
Authorized Representative	Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jolene Braca</u>	ale
LE Hours / PGP's Earned: 1 H	Iour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	·
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	-
Sponsor: Indiana Department	t of Education
Doutioin out? a Si on otymo	April 27, 2021
Participant's Signature	Date
Authorized Domeson totive	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jolene Bracale</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an appaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> cor	
<b>Program:</b> End of Year Update for School Nu	<u>rses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educa	ation
Dantinin anti a Cinnatura	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u>
accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 cor  Program: End of Year Update for School Nu  LE Provider Number: 35-6000158  Date(s) of Program: April 27, 2021	ation  April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kathy Brown</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGF	<u> </u>
The Indiana Department of Education is an approvaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact	
Program: End of Year Update for School Nurses	
LE Provider Number: <u>35-6000158</u>	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	1
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date
AUHOHZEU KEDIESEHIAHVE	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Mimi Burns</u>	ide
LE Hours / PGP's Earned: 1 H	<u>Iour / 1 PGP</u>
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: <u>35-600015</u>	8
Date(s) of Program: April 27, 2021	-
Sponsor: Indiana Department	t of Education
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Domeson totive	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Marcie Burzynski</u>	
LE Hours / PGP's Earned: 1 Hour / 1 F	PGP
The Indiana Department of Education is an app accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 con	
Program: End of Year Update for School Nur	<u>ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educa	tion
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Erin Carpe</u>	enter
LE Hours / PGP's Earned:1_	Hour / 1 PGP
accordance with 839 IAC I-6-2 (e)(8	· ·
Total contact hours earned for CE	EU's: 1 contact hours
Program: End of Year Update for	School Nurses
LE Provider Number: 35-60001	58
Date(s) of Program: April 27, 202	<u>1</u>
Sponsor: Indiana Departmen	nt of Education
	April 27, 2021
Participant's Signature	Date
- Paulle	<u>April 27, 2021</u>
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: XOCHITL CERVANTES		
LE Hours / PGP's Earned: 1 Hour / 1 PGP		
The Indiana Department of Education is an approved accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact hours.		
Program: End of Year Update for School Nurses		
LE Provider Number: 35-6000158		
Date(s) of Program: April 27, 2021		
Sponsor: Indiana Department of Education		
	. 11.07. 2021	
Participant's Signature	<u>April 27, 2021</u> Date	
Authorized Representative	<u>April 27, 2021</u> Date	
Authorized Representative	Daic	

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Susan Cullen	
LE Hours / PGP's Earned: 1 Hour	r / 1 PGP
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for Scho	ool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Saundra Da</u>	vis
LE Hours / PGP's Earned: <u>1 H</u>	Hour / 1 PGP
The Indiana Department of Educatio accordance with 839 IAC I-6-2 (e)(8 <b>Total contact hours earned for CE</b>	
<b>Program:</b> End of Year Update for S	School Nurses
LE Provider Number: 35-600015	58
Date(s) of Program: April 27, 2021	<u>L</u>
Sponsor: Indiana Departmen	at of Education
Destining of Street	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date
1 14111011204 IXCPICSCIII4111C	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Teresa Davis</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>GP</u>
The Indiana Department of Education is an appraccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contacts	
Program: End of Year Update for School Nurs	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	ion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Rebecca Dos</u>	<u>her</u>
LE Hours / PGP's Earned: <u>1 H</u>	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for So	chool Nurses
LE Provider Number: 35-6000158	3
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Doutioimont's Signature	April 27, 2021
Participant's Signature	Date
Authorized Permanentative	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Ashlee Drysdale</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an apaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 co	
Program: End of Year Update for School Nu	<u>urses</u>
LE Provider Number: <u>35-6000158</u>	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educ	cation
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kacie Duffe</u> y	<u>y</u>
LE Hours / PGP's Earned: 1 H	lour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	•
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	t of Education
Doutioin out? a Si an atuma	April 27, 2021
Participant's Signature	Date
Authorized Proposition	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Sandie Dyke	
LE Hours / PGP's Earned: 1 Hou	ur / 1 PGP
The Indiana Department of Education i accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU</b> '	
Program: End of Year Update for Sch	nool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	of Education
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Laura Edwards</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>P</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	<u>S</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educatio	<u>n</u>
	April 27, 2021
Participant's Signature	Date
Sa Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>cynthia Evar</u>	<u>1S</u>
LE Hours / PGP's Earned: 1 H	four / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for So	chool Nurses
LE Provider Number: 35-6000158	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	<u>April 27, 2021</u> Date
S-Belle	
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Brenda Finicle</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>P</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurse	<u>s</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Janet Fisher</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approved provide accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact hours	er of Category I programs in
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
	. 127 2021
	April 27, 2021 Date
	<u> April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Brandin Fontes</u>		
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP	
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>		
<b>Program:</b> End of Year Update for Scl	hool Nurses	
LE Provider Number: 35-6000158		
Date(s) of Program: April 27, 2021		
Sponsor: Indiana Department of	of Education	
	April 27, 2021	
Participant's Signature	Date	
Authorized Representative	<u>April 27, 2021</u> Date	

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Tina foreman</u>	
LE Hours / PGP's Earned:1 Hour / 1 F	PGP
The Indiana Department of Education is an appraaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurs	<u>ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educat	tion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Meg Friesen</u>	
LE Hours / PGP's Earned: 1 H	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for So	chool Nurses
LE Provider Number: <u>35-6000158</u>	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Doutioimont's Signature	April 27, 2021
Participant's Signature	Date
S- Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jodi Galbrait</u>	<u>h</u>
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sch	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Alexi Goda</u>	
LE Hours / PGP's Earned: 1 Hour / 1 P	<u>GP</u>
The Indiana Department of Education is an appraccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> cont	
Program: End of Year Update for School Nurs	ses
LE Provider Number: <u>35-6000158</u>	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educat	ion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>debra graff</u>	
LE Hours / PGP's Earned: 1 Hour / 1 F	PGP
The Indiana Department of Education is an appraccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contacts the contact hours is a contact hours.	
Program: End of Year Update for School Nur	<u>ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educat	tion
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

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rider of Category I programs in
April 27, 2021
Date
April 27, 2021 Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Amy Hanna	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Scl	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Carey Harris</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is an accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	approved provider of Category I programs in contact hours
Program: End of Year Update for School I	<u>Nurses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Ed	ucation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kallie Harr</u>	·is
LE Hours / PGP's Earned:1_	Hour / 1 PGP
accordance with 839 IAC I-6-2 (e)(8	
Total contact hours earned for CE	CU's: 1 contact hours
<b>Program:</b> End of Year Update for S	School Nurses
LE Provider Number: 35-60001	58
Date(s) of Program: April 27, 202	<u>1</u>
Sponsor: Indiana Departmen	nt of Education
	April 27, 2021
Participant's Signature	Date
Som Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Mary Harris</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Marla Hasbrouck</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is an accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	approved provider of Category I programs in contact hours
Program: End of Year Update for School	<u>Nurses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Ed	ucation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Robbie Hernandez</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approved accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact h	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Mary Hess</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	SIP
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurse	<u>s</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jennifer Hill</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>P</u>
The Indiana Department of Education is an approvace with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	
LE Provider Number: <u>35-6000158</u>	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	n
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Caronda Hu</u> g	ghes
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Lacey Humr</u>	<u>nel</u>
LE Hours / PGP's Earned: 1 H	Cour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	·
Sponsor: Indiana Department	of Education
Doutioin out? a Si an atuma	April 27, 2021
Participant's Signature	Date
Authorized Perus contative	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>crusetia jackson</u>	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	a approved provider of Category I programs in contact hours
Program: End of Year Update for School	1 Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of E	ducation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Lori Jones</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc	chool Nurses
LE Provider Number: 35-6000158	3
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	April 27, 2021
Participant's Signature	Date
S-Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jennifer Kellett</u>	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for Scho	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Melanie LaFontaine</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGF	<u> </u>
The Indiana Department of Education is an approvaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	1
D .:	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date
rumonzea Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>sarah lahey</u>	
LE Hours / PGP's Earned: 1 H	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Se	chool Nurses
LE Provider Number: 35-6000158	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	<u>April 27, 2021</u> Date
Participant's Signature	Date
Authorized Proposition	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Brooke Lambert	
LE Hours / PGP's Earned: 1 Hour / 1	PGP
The Indiana Department of Education is an agaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 co	
<b>Program:</b> End of Year Update for School N	<u>urses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Edu	cation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Louise Law</u>	
LE Hours / PGP's Earned: 1 H	Iour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	•
Sponsor: Indiana Department	t of Education
Doutioin out? a Si on otyma	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date
Aumonzeu Nepresemanye	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Teresa Layton</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is an a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 of the contact hours.	approved provider of Category I programs in contact hours
Program: End of Year Update for School 1	<u>Nurses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Ed	ucation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Diane Lee</u>	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
Program: End of Year Update for School	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Elizabeth I	Lewis
LEH - / DODL E 1	II. / 1 PCP
LE Hours / PGP's Earned:1	Hour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(8 <b>Total contact hours earned for CI</b>	,
Total contact hours earned for CI	So S. I contact nours
Program: End of Year Update for	School Nurses
LE Provider Number: 35-60001	58
Date(s) of Program: April 27, 202	<u>1</u>
Sponsor: Indiana Departme	nt of Education
	April 27, 2021
Participant's Signature	Date
S-Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Delphine Little</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>GP</u>
The Indiana Department of Education is an appraaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contacts	
Program: End of Year Update for School Nurs	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Carrie Loheider</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u> </u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> conta	
Program: End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Chad Martin</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc.	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Doutisin out's Signature	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jacque McN</u>	<u> Millon</u>
LE Hours / PGP's Earned: 1 H	Hour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(8 <b>Total contact hours earned for CE</b>	*
<b>Program:</b> End of Year Update for S	School Nurses
LE Provider Number: 35-600015	58
Date(s) of Program: April 27, 2021	<u>L</u>
Sponsor: Indiana Departmen	t of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Bridgett Melloh</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an appaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> cor	
<b>Program:</b> End of Year Update for School Nu	<u>rses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educa	ation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Eleni Miller	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83)  Total contact hours earned for CEU	
<b>Program:</b> End of Year Update for Sc	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Reyne Miller</u>	
LE Hours / PGP's Earned: 1 Hour	<u>· / 1 PGP</u>
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for Scho	ool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
Porticipant's Signature	April 27, 2021
Participant's Signature	Date <u>April 27, 2021</u>
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Courtney Mo</u>	onahan
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	,
<b>Program:</b> End of Year Update for Sc	chool Nurses
LE Provider Number: 35-6000158	3
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Doutisimont's Signature	<u>April 27, 2021</u>
Participant's Signature	Date
S-Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kellie Morrical</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an appaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact hours earned for CEU's: 1	
<b>Program:</b> End of Year Update for School Nu	<u>rses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educa	ation
Participant's Signatura	April 27, 2021
S-Belle	April 27, 2021
Sponsor: Indiana Department of Education  Participant's Signature  Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Barb Neuka</u>	<u>m</u>
LE Hours / PGP's Earned: 1 H	Iour / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	,
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	<del>-</del>
Sponsor: Indiana Department	t of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Amy Norman</u>	
LE Hours / PGP's Earned: 1 Hour	<u>/ 1 PGP</u>
The Indiana Department of Education is ar accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	n approved provider of Category I programs in contact hours
<b>Program:</b> End of Year Update for School	l Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of E	ducation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Corrie Oberlin</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an ap accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 co	
Program: End of Year Update for School Nu	<u>nrses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educ	ation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Melody Orick	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
Program: End of Year Update for School	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Stacey Pal</u>	mer
LE Hours / PGP's Earned:1_	Hour / 1 PGP
	11001 / 1 101
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(	on is an approved provider of Category I programs in 83).
Total contact hours earned for Cl	EU's: 1 contact hours
<b>Program:</b> End of Year Update for	School Nurses
LE Provider Number: 35-60001	58
Date(s) of Program: April 27, 202	<u>21</u>
Sponsor: Indiana Departme	ent of Education
	April 27, 2021
Participant's Signature	Date
Som Bulle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Kim Pattison	
LE Hours / PGP's Earned: 1 Hour / 1	<u> PGP</u>
The Indiana Department of Education is an a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 c	
<b>Program:</b> End of Year Update for School N	Turses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Edu	cation
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kayla Praschak</u>	
LE Hours / PGP's Earned: 1 Hour / 1 P	<u>GP</u>
The Indiana Department of Education is an appraccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 cont	
Program: End of Year Update for School Nurs	<u>ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educat	ion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jennifer Reari</u>	<u>ick</u>
LE Hours / PGP's Earned: 1 Hou	ur / 1 PGP
The Indiana Department of Education i accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU</b> '	
<b>Program:</b> End of Year Update for Sch	nool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Deb Robarge</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sci	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kay Roberts</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>GP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contacts	
<b>Program:</b> End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kathleen Sabol</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>SP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 conta	
<b>Program:</b> End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	<u>on</u>
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Rhonda Safstrom</u>	
LE Hours / PGP's Earned: 1 Hour / 1 I	<u>PGP</u>
The Indiana Department of Education is an appaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 con	
Program: End of Year Update for School Nur	<u>'ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educa	tion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>nancy scott</u>	
LE Hours / PGP's Earned: 1 H	Hour / 1 PGP
The Indiana Department of Educatio accordance with 839 IAC I-6-2 (e)(8 <b>Total contact hours earned for CE</b>	,
<b>Program:</b> End of Year Update for S	School Nurses
LE Provider Number: 35-600015	58
Date(s) of Program: April 27, 2021	<u>1</u>
Sponsor: Indiana Departmen	at of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jeanne Seal</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is ar accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	approved provider of Category I programs in contact hours
<b>Program:</b> End of Year Update for School	Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of E	ducation
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Amy Segura</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approve accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
Participant's Signature	<u>April 27, 2021</u> Date
Authorized Representative	April 27, 2021 Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Tina Shamel</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is an accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	approved provider of Category I programs in contact hours
<b>Program:</b> End of Year Update for School	Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Ed	lucation
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Tiffany Shields</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>GP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contacts	
Program: End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educati	on
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

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**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Charlotte Sn</u>	odgrass
LE Hours / PGP's Earned: 1 H	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Second	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	<u>April 27, 2021</u> Date
S-Belle	<u>April 27, 2021</u>
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Tina Sosby</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
	approved provider of Category I programs in
Program: End of Year Update for School N	<u>Nurses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Edu	ucation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Pamela Springer	
LE Hours / PGP's Earned: 1 Hour / 1 P	<u>GP</u>
The Indiana Department of Education is an appraccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> cont	
Program: End of Year Update for School Nurs	se <u>s</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educat	ion
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Patricia Spurr</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>GP</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contacts	
Program: End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Rebecca Stayton</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approved accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact here.	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
Destining of the Company	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



LE Hours / PGP's Earned: 1 Hour / 1 PGP  The Indiana Department of Education is an approved provider of Category I programs in	Participant's Name: <u>Janet Steele</u>	
	LE Hours / PGP's Earned: 1 Hour / 1 PC	<u>GP</u>
Total contact hours earned for CEU's: 1 contact hours	accordance with 839 IAC I-6-2 (e)(83).	
Program: End of Year Update for School Nurses	<b>Program:</b> End of Year Update for School Nurse	<u>28</u>
LE Provider Number: 35-6000158	LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	Sponsor: Indiana Department of Education	on
April 27, 2021	Dantinin anti a Signatura	-
Participant's Signature Date	Participant's Signature	Date
April 27, 2021  Authorized Representative  Date	Authorized Representative	

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



LE Hours / PGP's Earned: 1 Hour / 1 PGP  The Indiana Department of Education is an approved provider of Category I programs in accordance with 839 IAC I-6-2 (e)(83).	Participant's Name: Brandi Stiles	
accordance with 839 IAC I-6-2 (e)(83).	LE Hours / PGP's Earned: 1 Hour / 1 F	PGP
Total contact hours earned for CEU's: 1 contact hours	-	
Program: End of Year Update for School Nurses	Program: End of Year Update for School Nur	<u>ses</u>
LE Provider Number: <u>35-6000158</u>	LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	Sponsor: Indiana Department of Educat	tion
April 27, 2021	Doutisin out's Signotype	-
Participant's Signature Date	Participant's Signature	Date
Authorized Representative April 27, 2021  Date	Authorized Representative	

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Joy Sunday</u>	
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83)  Total contact hours earned for CEU	
<b>Program:</b> End of Year Update for Sci	hool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	April 27, 2021
Participant's Signature	Date
S-Belle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Connie Sweeney</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>P</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact	
Program: End of Year Update for School Nurses	<u>S</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Andrea Tanr</u>	<u>ier</u>
LE Hours / PGP's Earned: <u>1 H</u>	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for So	chool Nurses
LE Provider Number: 35-6000158	}
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Participant's Signature	April 27, 2021
Participant's Signature	Date
Authorized Paragonatotics	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Stacey Tschida</u>	
LE Hours / PGP's Earned: 1 Hour	<u>/ 1 PGP</u>
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for School	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of I	Education
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Linda Tucker</u>	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
Program: End of Year Update for School	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jessica Vander Molen</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approved accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact hours.	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021
Aumonzeu representanve	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Shari Vehiki</u>	<u>ite</u>
LE Hours / PGP's Earned: 1 H	<u>lour / 1 PGP</u>
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CE</b> )	
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number: 35-600015	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
Doutioin out? a Si an atuma	April 27, 2021
Participant's Signature	Date
Authorized Representative	April 27, 2021 Date
Aumorized representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Maureen VerVaet RN	
LE Hours / PGP's Earned: 1 H	<u>lour / 1 PGP</u>
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83 <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for S	chool Nurses
LE Provider Number:35-600015	8
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	t of Education
Participant's Signature	<u>April 27, 2021</u> Date
Participant's Signature	Date
Authorized Penracentative	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Gayla Vonderhe</u>	<u>ide</u>
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	n approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for School	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of I	Education
	<u>April 27, 2021</u>
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Brooke Wagner</u>	
LE Hours / PGP's Earned: 1 Hour	/ 1 PGP
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	n approved provider of Category I programs in  1 contact hours
Program: End of Year Update for Schoo	l Nurses
LE Provider Number: <u>35-6000158</u>	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of E	Education
Participant's Signature	April 27, 2021  Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: Andrea Warr	ner
LE Hours / PGP's Earned: 1 Ho	our / 1 PGP
The Indiana Department of Education accordance with 839 IAC I-6-2 (e)(83) <b>Total contact hours earned for CEU</b>	
<b>Program:</b> End of Year Update for Sc	hool Nurses
LE Provider Number: 35-6000158	<u>.                                    </u>
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Kayleigh Waters</u>	
LE Hours / PGP's Earned: 1 Hour /	1 PGP
The Indiana Department of Education is an accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1	approved provider of Category I programs in contact hours
Program: End of Year Update for School	<u>Nurses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Ed	ucation
Doutisin out's Signature	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Tara Watts</u>	
LE Hours / PGP's Earned: 1 Hour / 1 F	PGP
The Indiana Department of Education is an app accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> contact hours earned for CEU's: 1	
Program: End of Year Update for School Nur	<u>ses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	tion
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Chris Wen</u>	dahl
LE Hours / PGP's Earned: 1	Hour / 1 DCD
LE Hours/FGF's Earlieu: 1	Houl / 1 FGF
accordance with 839 IAC I-6-2 (e)(8	
Total contact hours earned for CF	EU's: 1 contact hours
<b>Program:</b> End of Year Update for	School Nurses
LE Provider Number: 35-60001	58
Date(s) of Program: April 27, 202	<u>1</u>
Sponsor: Indiana Department	nt of Education
	April 27, 2021
Participant's Signature	Date
- Paulle	April 27, 2021
Authorized Representative	Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Jody Williams</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PG	<u>P</u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	<u>S</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	n
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Julie K Williams</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PC	<u> </u>
The Indiana Department of Education is an approaccordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU's: 1</b> conta	
Program: End of Year Update for School Nurse	<u>es</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	on
Participant's Signature	April 27, 2021 Date
Authorized Representative	April 27, 2021 Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Vera Williams</u>	3
LE Hours / PGP's Earned: 1 Hot	ur / 1 PGP
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83). <b>Total contact hours earned for CEU</b> '	
<b>Program:</b> End of Year Update for Sch	nool Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	of Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Eloise Wilson</u>	
LE Hours / PGP's Earned: 1 Hour / 1 PGP	
The Indiana Department of Education is an approve accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 contact	
Program: End of Year Update for School Nurses	
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Education	
Destining at 2 a Cinnet and	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Erin Wolf</u>	
LE Hours / PGP's Earned: 1 Hour	· / 1 PGP
The Indiana Department of Education is accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	an approved provider of Category I programs in  1 contact hours
<b>Program:</b> End of Year Update for Scho	ol Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of	Education
Participant's Signature	April 27, 2021 Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Inga Yarber</u>	
LE Hours / PGP's Earned: 1 Hour / 1	<u>PGP</u>
The Indiana Department of Education is an apaccordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's: 1 co	
Program: End of Year Update for School Nu	<u>urses</u>
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of Educ	cation
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.



Participant's Name: <u>Angie Yewchuk</u>	
LE Hours / PGP's Earned: 1 Hour	<u>/ 1 PGP</u>
The Indiana Department of Education is a accordance with 839 IAC I-6-2 (e)(83).  Total contact hours earned for CEU's:	n approved provider of Category I programs in  1 contact hours
Program: End of Year Update for Schoo	1 Nurses
LE Provider Number: 35-6000158	
Date(s) of Program: April 27, 2021	
Sponsor: Indiana Department of E	Education
	April 27, 2021
Participant's Signature	Date
Authorized Representative	<u>April 27, 2021</u> Date

**Program Sponsor:** After successful completion of the program, add participant information, sign, date, and return to the participant.

**Participant:** Retain this certificate for your files. Sign, date and submit this certificate with your license renewal application.

